IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUE	ST:
Clarinda Correctional Facility	9 55
Name of Department or Office	Clarinda, IA 51632
Mailing Address (City, State, Zip Code
712-542-5634 Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	ICE:
Meredith Baker	
Name	
Malling Address (if different from above) meredith.baker@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
Anonymous Name	
Mailing Address City, State, Zip Code	10/22/18 \$29.92
Area Code & Telephone Number	Date of Gift or Bequest *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
"Skyscraper" and "Uncle Drew" DVDs for the CCF	Movie Library.
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.
tatement of Affirmation:	
Dandy Cibbs	
asirm that the gift or bequest reported above seessment of the fair market value (If applicable) is correct and true to the	ve is accurate. I further affirm that the information concerning the donor and best of my knowledge.
	10/22/19
/ VY	10/23/18
/ Signature	Date